

R&T - C

***Report of Child Abuse or Neglect***

# Reporting of Exploitation, Abuse, or Neglect of Children, the Elderly, or Persons with Disabilities

## Authority

Child Abuse or Neglect: (a) *Chapter 261 and 264, Family Code, V.T.C.A.*, and (b) *Governor's Executive Order MW-17, February 6, 1984.*

Abuse, exploitation, or neglect of elderly or disabled persons:  
*Section 44-036-48.040, Chapter 48, Human Resources Code, V.T.C.A.*

## Reporting Child Abuse or Neglect

State law requires (*Texas Family Code, Sec. 261.101*) that "any person having cause to believe that a child's physical or mental health or welfare has been or may be adversely affected by abuse or neglect..." must report this to appropriate authorities for investigation. Law requires the reporting of child abuse regardless of the source of the abuse.

Any person having cause to believe that a child's physical or mental health or welfare has been or may be, adversely affected by abuse or neglect must complete the following steps:

1. Make an immediate oral, non-accusing report to:

Texas Department of Family and Protective Services, Child Abuse and Neglect  
Hotline: (1-800-252-5400).

1. Within five (5) days of the oral report, send a written report to a local or state law enforcement agency, and

Texas Department of Family and Protective Services  
Child Abuse and Neglect Hotline  
P.O. Box 149030  
Austin, Texas 78714-9030

Office of the General Counsel  
Department of Assistive and Rehabilitative Services  
4900 North Lamar Boulevard  
Austin, TX 78751-2399

The Report of Child Abuse or Neglect form (Appendix E) may be reproduced locally and used for this purpose.

Grantee also must send a copy of this report to TCDD.

2. If the child is believed to be in imminent danger, make an immediate oral, non-accusatory report to any state or local law enforcement agency.

*If it is unclear which local law enforcement to contact, request assistance from TDFPS Hotline. (1-800-252-5400).*

3. If the child abuse or neglect is believed to have occurred in a state operated or regulated facility, enter the name and address of the facility on the report form under the caption, "Briefly Describe the Situation and/or Condition of the Child." The Executive Director of the TCDD then makes the reports required under Executive Order MW-17 and the implementing agreement.

### Immunity for Release of Child Abuse Information

Section 261.106(a), *Family Code, V.T.C.A.* states: "A person acting in good faith who reports or assists in the investigation of a report of alleged child abuse or neglect is immune from civil or criminal liability that might otherwise be incurred or imposed."

The mandatory child abuse report is described in Section 261.102. It states: "A report must reflect the reporter's belief that a child has been or may be abused or neglected or has died of abuse or neglect."

To assure that the reporter has the full benefit of the above immunity provision, it is recommended that neither the oral or written report "accuse" or "allege" that a specific person committed child abuse. The reporter must, however, fully cooperate in any subsequent investigation of the incident. The reports, records, and working papers used or developed in such an investigation are confidential under state law.

### Penalty for Failure to Report

State law provides that a person commits a Class B misdemeanor if the person has cause to believe that a child's physical or mental health or welfare has been or may be further adversely affected by abuse or neglect, and knowingly fails to report the matter as required by law.

### Reporting Abuse, Exploitation, or Neglect of Elderly or People with Disabilities

Chapter 48.036, Human Resources Code, V.T.C.A. provides that any person having reasonable cause to believe that an elderly person or a person with a disability is in a state of abuse, exploitation, or neglect must report that information to the Department of Family and Protective Services.

State law contains the following definitions:

**Abuse** -- the willful infliction of injury, unreasonable confinement, intimidation, or cruel punishment with resulting physical harm or pain or mental anguish or the willful deprivation by a caretaker or one's self of goods or services which are necessary to avoid physical harm, mental anguish or mental illness.

**Exploitation** -- the illegal or improper act or process of a caretaker using the resources of an elderly or disabled person for monetary or personal benefit, profit, or gain.

**Neglect** -- the failure to provide for one's self the goods or services which are necessary to avoid physical harm, mental anguish, or mental illness or the failure of a caretaker to provide such goods or services.

**Elderly Person** -- a person 65 years of age or older.

**Disabled Person** -- a person with a mental, physical, or developmental disability who is --

- 18 years of age or older; or
- under 18 years of age and who has had the disabilities of minority removed.

The grantee must make a report, orally or in writing, to the

Department of Family and Protective Services, or

P.O. Box 149030 Austin, Texas 78714-9030, 1-800-252-5400.

If an individual being served by the grantee is involved, send a copy of the written report to the TCDD. The report, which may be in the format of the Report of Child Abuse or Neglect form, must include

- the name, age, and address of the elderly or disabled person,
- the name and address of any person responsible for the elderly or disabled person's care,
- the nature and extent of the elderly or disabled person's condition, and
- the basis of the reporter's knowledge; and any other relevant information.

In the following statutory language, special immunity has been provided for a person making a report:

"A person filing a report under this chapter, participating in an investigation required by this chapter, or testifying or otherwise participating in any judicial proceeding arising from a petition, report, or investigation is immune from civil or criminal liability on account of his or her petition, report, testimony, or participation, unless the person acted in bad faith or with a malicious purpose."

## Report of Child Abuse or Neglect

Today's Date (mm/dd/yy) \_\_\_\_\_

Information on Child			
Name of Child		Date of Birth (mm/dd/yy)	
Street Address	City	State	Zip Code
Child's Parents or Guardian			
Name of Parents or Persons Responsible for Child		Relationship to Child	
1.		1.	
2.		2.	
3.		3.	
Siblings			
Does the child have any brothers or sisters?			
<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Don't know			
Where Child Can Be Located			
Location(s)		Days and Dates (mm/dd/yy)	
1.		1.	
2.		2.	
3.		3.	
4.		4.	
Type of Child Abuse or Neglect			
<div style="display: flex; flex-wrap: wrap;"> <div style="width: 50%;"><input type="checkbox"/> Burning</div> <div style="width: 50%;"><input type="checkbox"/> Beating</div> <div style="width: 50%;"><input type="checkbox"/> Other (specify):</div> <div style="width: 50%;"><input type="checkbox"/> Fracture</div> <div style="width: 50%;"><input type="checkbox"/> Sexual Abuse</div> <div style="width: 50%;"><input type="checkbox"/> Abandonment</div> <div style="width: 50%;"><input type="checkbox"/> Malnutrition</div> <div style="width: 50%;"><input type="checkbox"/> Internal Injuries</div> <div style="width: 50%;"><input type="checkbox"/> Physical Neglect</div> <div style="width: 50%;"><input type="checkbox"/> Medical Neglect</div> <div style="width: 50%;"><input type="checkbox"/> Lack of Supervision</div> </div>			
Brief Description of Situation and/or Condition of Child			
Status of Report			
Has the report already been called in?			
<input type="checkbox"/> Yes, to local Child Protective Services If yes, date (mm/dd/yy) _____ Contact person _____			
<input type="checkbox"/> Yes, to local Child Protective Services If yes, date (mm/dd/yy) _____ Contact person _____			
<input type="checkbox"/> No			

## Report of Child Abuse or Neglect (Cont.)

### Information on Person Making Report

*(Anonymous reports are accepted, but DPRS will be able to do a better job if they can contact you.)*

I prefer to be contacted at: ☐ Home ☐ Work ☐ No preference

Name		Home Telephone (A/C) (      )	
Home Address	City	State	Zip Code
Place of Employment		Work Telephone (A/C) (      )	
Work Address	City	State	Zip Code

**This report is confidential. Information contained in this report, including the name of the person making the report, must be used only for purposes consistent with the investigation of child abuse or neglect.**

**Send report to:**

Texas Department of Family and Protective Services  
P.O. Box 149030  
Austin, Texas 78714-9030  
(TOLL FREE: 1-800-252-5400)  
TDD (512) 735-2988 or 735-2989

**Send copies to:**

Office of the General Counsel  
Department of Assistive and Rehabilitative Services  
4900 North Lamar Boulevard  
Austin, TX 78751-2399

Texas Council for Developmental Disabilities  
6201 E. Oltorf, Ste 600  
Austin, TX 78741-7509